## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 1. TITLE OF NEWSPAPER in County Republican
3A. NO. OF ISSUES PUBLISHED ANNUALLY 3B. ANNUAL SUBSCRIPTION 3. FREQUENCY OF ISSUE PRICE \$ 35 + \$45 4. COMPLETE MALING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) Castlewood 6. FULL NAME OF PUBLISHER: 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. COMPLETE MAILING ADDRESS **FULL NAME** KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. none AVERAGE NO. COPIES ACTUAL NO. COPIES EACH ISSUED 9. EXTENT AND NATURE OF CIRCULATION ISSUED PRECEDING 12 NEAREST TO FILING DATE MONTHS A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) B.PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors, and counter sales. 2. Mail Subscription (Paid and or requested) 3. Paid Electronic Copies C.TOTAL PAID AND/OR REQUESTED CIRCULATION 483 (Sum of 9B1, 9B2 and 9B3.) D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES 497 E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing 2. Return from News Agents G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.) Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: (Title) (Signature) rn to before me this 24th day of September, 2019 State of South Dakota Notary Public County of My Commission Expires ission expires: (Seal) October 9, 2019.

Form: SOS REC 051 9/2016

Stockholders - Leethne Dutck 1000-